ENVIRONMENTAL, SAFETY AND HEALTH EVALUATION WORKSHEET

OFFEROR/BIDDER:	
SOLI	CITATION NUMBER:
DATI	E OF SUBMISSION:
1.	List your firm's Worker's Compensation Insurance interstate Experience Modification Rate (EMR) for the immediate past three years. (Use intrastate rating if interstate rating is not available).
	year rate year rate 3-year average year rate
	The offeror/bidder must submit a letter from its Workman's Compensation Insurance Carrier to certify the EMR data provided above.
2.	List your firm's cumulative injury statistics rates for the past three (3) full calendar years using the BLS formula to determine recordability. NOTE: TRC Rate is derived from the number of injuries, illnesses, or lost workdays related to a common exposure base of 100 full time workers. The common exposure base enables one to make accurate inter-industry comparisons, trend analysis over time, or comparisons among firms regardless of size. The rate is calculated as: N*200,000/EH (where N = number of injuries and/or illnesses or lost workdays; 200,000=base for 100 full time equivalent workers (working 40 hours per week, 50 weeks per year); and EH = total hours worked by all employees during the calendar year.
	OSHA TOTAL RECORDABLE CASE RATE
	year # recordable injuries Man-hours Recordable rate
	year # recordable injuries Man-hours Recordable rate
	year # recordable injuries Man-hours Recordable rate
	3-year average
	The Offeror/bidder must attach copies of the OSHA Annual Summary

The Offeror/bidder must attach copies of the OSHA Annual Summary Logs (OSHA 200-S or OSHA 300) for the previous 3 years and a current year OSHA 300 Log for the months during the period since the last annual report.